

Health Policy

NEWSLETTER

Pitfalls and Problems Abound: A medical student shares a family experience with the health care system

“Man, that doctor was an ass!” my mom shouted as he walked out the door. He didn’t even bother explaining what was going on with grandma. At this point, we have been at my grandmother’s bedside for twenty days. She was originally admitted for pneumonia.

Our job as the medically savvy members of the family was to sit in the hospital waiting for doctors to come by to receive the latest update. But this task became insurmountable when we discovered that each doctor who walked in the door was saying something different. Each had a different concern and priority for my grandmother’s ailment. One would say it’s her failing liver, the other would say that her breathing is still the biggest problem; the next would say that she was perfectly fine and would be sent home soon.

She was transferred four times to different rooms. Her IV was supposed to be changed but, amidst her transfers, it never got done. The next day that we visited my grandmother she appeared confused. It turned out that there was a mix-up on her order for lactulose and she had not been given it for 3 days. The following day my grandmother was left in her rehabilitation chair for an hour and a half, screaming and writhing in pain, because her patient alert was left on the floor where she couldn’t reach it. She had been bedridden for 3 weeks and, at that point, severe atrophy had set in. The therapist, rushing from room

to room, left her in an overstretched position and didn’t return. My mom walked into the room to the sight of her 71-year-old mother screaming in pain.

The list of system failures was endless throughout this 4-week experience. The suffering caused by misdiagnoses, lack of communication, and inefficiencies almost cost my grandmother her life. This happened recently, at a prominent hospital in New York. But it is not a unique story. It is happening everywhere, every day in America.

As a fourth year medical student I have studied patient safety and quality improvement, and was helpless to prevent most of these inefficiencies. Even with an intimate understanding of the interworking elements of our health care system, my complaints were mildly answered, my concerns disregarded, and my frustrations were not acknowledged. We have a long way to go before we address these issues that cost lives, decrease trust, and create a culture of neglect. As medical students, we are observers of various health care systems. We go from one hospital to the next, only staying long enough to understand it and then move on. We see some processes that work great and some that are appalling.

How can we stand by as students, family members, and health care professionals and watch our patients be subjected to such a system of inadequacy? It becomes a moral imperative for us to act! We are in

prime position to call out our medical institutions for supporting such movements but not acting on them in the classroom. Our medical education system isn’t creating a culture of patient safety and systems change; it’s currently maintaining course of a hubris profession with a gilded façade of patient care.

The cries from our patients agonizing due to our system’s inadequacies can no longer be met with a deaf ear. We need to own up to our archaic customs and move forward, acknowledging our patients’ dire need for health care delivery redesign. We need to create opportunities for others to hear and see the impact of our failed system, and recognize the feasibility of the way forward and our responsibility for due diligence. We need to amplify the voices of our suffering patients. When we are taking our board exams we need to be confronted by a failing system. During our daily case studies we need to see how system failure leads to death. We need to bring back that impassioned image that brought us through the doors of our profession, and allow it to express itself by saving lives in a whole new way. ■

Sadly, Cole’s grandmother recently passed away.

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